

# 2004 2-D Barcode Specifications for Form MO-1040B

<b>CODE FIELD</b>	<b>FORM LINE NO.</b>	<b>DESCRIPTION</b> *** Header Information ***	<b>PICTURE CLAUSE</b>	<b>MAX SIZE</b>	<b>ACCEPTABLE VALUES</b> (see notes below)
1	Header	Version Number			(T1 is current standard version)
2	Header	Developer Code			4-Digit Developer Code
3	Header	Jurisdiction (MO)			MO
4	Header	Description (MO1040B) and Current Tax Year			MO1040B/2004
5	Header	Specification Version (0 for current version)			0
6	Header	Software/Form Version			Can be up to 21 characters
7		Carriage return only (blank)			
8		Carriage return only (blank)			
9		Carriage return only (blank)			
10		Carriage return only (blank)			
11	Top	Vendor Code	PIC 9(2)	2	Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9	
13	NAME	Spouse's Social Security Number	PIC 9(9)	9	
14	NAME	Your Last Name	PIC X(20)	20	
15	NAME	Your First Name	PIC X(14)	14	
16	NAME	Your Middle Initial	PIC X(1)	1	
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3	
					Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2004	PIC X(1)	1	X YES
19	NAME	Spouse's Last Name	PIC X(20)	20	Spouse's Title (No period after suffix)
20	NAME	Spouse's First Name	PIC X(14)	14	
21	NAME	Spouse's Middle Initial	PIC X(1)	1	
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3	
23	NAME	Spouse Deceased in 2004	PIC X(1)	1	
24	NAME	In Care of Name	PIC X(30)	30	Use 4 character county code
25	NAME	County of Residence	PIC X(4)	4	
26	NAME	School District No.	PIC 9(3)	3	
					Use 3 character school district code
27	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35	99999 or 999999999
28	NAME	City, Town or Post Office	PIC X(23)	23	
29	NAME	State	PIC X(2)	2	
30	NAME	Zip Code	PIC X(9)	9	
31	CHKBOX	Age 65 Yourself	PIC X(1)	1	X YES
32	CHKBOX	Age 65 Spouse	PIC X(1)	1	X YES
33	CHKBOX	Blind Yourself	PIC X(1)	1	X YES
34	CHKBOX	Blind Spouse	PIC X(1)	1	X YES
35	CHKBOX	100% Disabled Yourself	PIC X(1)	1	X YES
36	CHKBOX	100% Disabled Spouse	PIC X(1)	1	X YES

37	CHKBOX	Non-Obligated Spouse Yourself	PIC X(1)	1	X YES
38	CHKBOX	Non-Obligated Spouse Spouse	PIC X(1)	1	X YES
39	1Y	Federal Adjusted Gross Income (Yourself)	PIC S9(9)	9	Amount may be negative
40	1S	Federal Adjusted Gross Income (Spouse)	PIC S9(9)	9	Amount may be negative
41		Carriage return only (blank)			
42		Carriage return only (blank)			
43	2Y	Any state income tax refund ... (Total Subtractions -- Y)	PIC 9(9)	9	Can't be a negative number
44	2S	Any state income tax refund ... (Total Subtractions -- S)	PIC 9(9)	9	Can't be a negative number
45	3Y	Missouri Adjusted Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Amount may be negative
46	3S	Missouri Adjusted Gross Income (Subtract Line 2 from Line 1)	PIC S9(9)	9	Amount may be negative
		Fields 47 through 54 are carriage return only (blank)			
55	6	Enter \$4200 exemption amount	PIC 9(9)	9	4200
56	7a	Tax from Federal Return	PIC 9(9)	9	Can't be a negative number
57		Carriage return only (blank)			
58		Carriage return only (blank)			
59	7	Federal tax deduction	PIC 9(9)	9	Married — 10000, Single — 5000 max
60	8	Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS.	PIC 9(9)		Can't be a negative number
61	9a	Number of dependents from Federal Form 1040 or 1040A	PIC 9(2)	2	Can't be a negative number
62	9	Number of dependents from Federal Form 1040 * 1200	PIC 9(9)	9	Dependents * 1200
63		Carriage return only (blank)			
64		Carriage return only (blank)			
65	10	Long-term care insurance deduction	PIC 9(9)	9	Can't be a negative number
66	11	Total deductions — add Lines 6 through 10	PIC 9(9)	9	Can't be a negative number
67	12	Subtotal — subtract Line 11 from Line 4	PIC 9(9)	9	Can't be a negative number
68		Carriage return only (blank)			
69		Carriage return only (blank)			
70	14Y	Tax — Yourself	PIC 9(9)	9	Can't be a negative number
71	14S	Tax — Spouse	PIC 9(9)	9	Can't be a negative number
		Fields 72 through 85 are carriage return only (blank)			
86	16	Missouri Tax withheld	PIC 9(9)	9	Can't be a negative number
87	17	2004 Missouri estimated tax payments	PIC 9(9)	9	Can't be a negative number
		Fields 88 through 92 are carriage return only (blank)			
93	18	Total Payments	PIC 9(9)	9	Can't be a negative number
		Fields 94 through 104 are carriage return only (blank)			
105	19	Overpayment	PIC 9(9)	9	Can't be a negative number
106	20	Amount of Line 19 to be applied to next year's estimated tax	PIC 9(9)	9	Can't be a negative number
107	21a	Children's Trust Fund	PIC 9(9)	9	Can't be a negative number
108	21b	Veterans Trust Fund	PIC 9(9)	9	Can't be a negative number
109	21c	Elderly Home Delivered Meals Trust Fund	PIC 9(9)	9	Can't be a negative number
110	21d	Missouri National Guard Trust Fund	PIC 9(9)	9	Can't be a negative number
111	21e	Workers' Memorial Trust Fund	PIC 9(9)	9	Can't be a negative number
112	21f1	Additional Trust Fund Code	PIC 9(2)	2	2-Digit Trust Fund Code*
113	21f2	Additional Trust Fund Dollar Amount	PIC 9(9)	9	Can't be a negative number

114	21g1	Additional Trust Fund Code	PIC 9(2)	2	2-Digit Trust Fund Code*
115	21g2	Additional Trust Fund Dollar Amount	PIC 9(9)	9	Can't be a negative number
116	22	Overpayment to be refunded to you	PIC 9(9)	9	Can't be a negative number
117		Carriage return only (blank)			
118		Carriage return only (blank)			
119	23	Total Amount Due	PIC 9(9)	9	Can't be a negative number
120	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1	X YES
121	SIGN	Daytime Telephone (Taxpayer)	PIC 9(10)	10	
122	SIGN	FEIN, SSN, PTIN	PIC X(9)	9	
		Fields 123 through 139 are carriage return only (blank)			
140	1	Total federal itemized deductions from Federal Form 1040, Line 39	PIC 9(9)	9	Can't be a negative number
141	2	2004 (FICA) — yourself — Social security \$ Medicare \$	PIC 9(9)	9	Can't be a negative number
142	3	2004 (FICA) — spouse — Social security \$ Medicare \$	PIC 9(9)	9	Can't be a negative number
143	4	2004 Railroad retirement tax — yourself (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	Can't be a negative number
144	5	2004 Railroad retirement tax — spouse (Tier 1 and Tier II) \$ Medicare \$	PIC 9(9)	9	Can't be a negative number
145	6	2004 Self-employment tax	PIC 9(9)	9	Can't be a negative number
146	8	State and local income taxes — See instructions	PIC 9(9)	9	Can't be a negative number
147	9	Earnings taxes included in Line 8	PIC 9(9)	9	Can't be a negative number
148	10	Net state income taxes — (subtract Line 9 from Line 8 or enter Line 8 from worksheet)	PIC 9(9)	9	Can't be a negative number
		Fields 149 through 289 are carriage return only (blank)			
290		*EOD*			

## NOTES:

- For blank fields, use a carriage return.
- County of Residence, Field 25, must contain the four digit county code. If out-of-state, enter NONR.
- School District No., Field 26, must contain a 3 digit code. If out-of-state, use 347.
- All alpha characters should be in capital letters (A-Z).
- Numeric fields aren't zero filled.
- Negative amounts will have a leading minus sign.
- Check boxes: an X indicates Yes, nothing is No (see Acceptable Values Column)
- \*EOD\* must be printed in Field 290.

### \*Additional Trust Fund Codes:

If additional trust funds are selected, enter this code in Field 112 (Line 21f1) and Field 114 (Line 21g1).

- |    |  |
|----|--|
| 01 | American Cancer Society                                  |
| 02 | American Diabetes Association                            |
| 03 | American Heart Association                               |
| 04 | American Lung Association                                |
| 05 | Amyotrophic Lateral Sclerosis (ALS—Lou Gehrig's Disease) |
| 06 | General Revenue Fund                                     |
| 07 | Muscular Dystrophy Association                           |
| 08 | March of Dimes   |
| 09 | National Arthritis Foundation                            |
| 10 | National Multiple Sclerosis Society                      |

The Trust Fund Code must be a two digit number. If it is a single digit number (1, 2, 3, etc.), please add the zero on the left side (01, 02, 03, etc.).

**Missouri *encourages* you to default the 2-D barcode to "ON" when you release your software. It is *highly preferred* that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.**

### ADDRESS INFORMATION:

\*It is ***preferred*** that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions.

### REFUND:

DEPARTMENT OF REVENUE, PO BOX 500, JEFFERSON CITY, MO 65106-0500.  
(\*2-D Barcode ONLY—DOR, PO BOX 3222, JEFFERSON CITY, MO 65105-3222)

### AMOUNT YOU OWE:

DEPARTMENT OF REVENUE, PO BOX 329, JEFFERSON CITY, MO 65107-0329.  
(\*2-D Barcode ONLY—DOR, PO BOX 3370, JEFFERSON CITY, MO 65105-3370).

2-D barcode testing should be completed within two months after the 2-D barcode packet is released.